

RFP 10-22
Questions and Answers

- Q.1: The Preventive Health and Health Services Block Grant funds require the state to submit a state plan for reducing Healthcare Associated Infections (HAI) to the Secretary of Health and Human Services by January 1, 2010. The RFP does not reference this plan. Is a plan now available or will it be available prior to the due date for proposals?
- A.1: The plan has not been developed at this time. The template for the plan is available at <http://www.cdc.gov/ncidod/dhqp/stateHAIplan.html>. The Indiana plan will be complete by December 31, 2009. It will therefore not be available prior to the due date for proposals.
- Q.2: If the plan will not be available, will the plan impact the work to be provided under this contract?
- A.2: The state plan for healthcare associated infections will identify past infection prevention activities, available education and training resources, and establish goals for infection prevention. The RFP is to serve as project coordinator for an Indiana Healthcare Associated Infection Initiative. The ISDH expects that the state plan will impact the content of the initiative. For instance, the state plan may identify needed educational resources. The ISDH expects that the initiative will include the development of some educational activities. The state plan will likely go to determining the content of what is developed rather than the number of activities.
- Q.3: Is the scope of work subject to change due to the plan?
- A.3: The ISDH does not expect the state plan to significantly change the scope of work for the initiative. The state plan goes more to the content than the scope of work.
- Q.4: The federal CDC HAI initiative identified six categories of HAI to target for prevention. Has ISDH determined which of these six categories will be addressed through the work under this contract?
- A.4: The initiative will be focused around *clostridium difficile* infections and general prevention principles. The ISDH hopes to include small components of focused infection-specific resources for at least some of the other infections as part of initiative activities.
- Q.5: Will the vendor be required to address all six categories, or identify target HAI categories for inclusion, or has or will ISDH identify the target categories?
- A.5: The primary target and focus will be *clostridium difficile* infections. The reason for selecting that infection is that it is found in multiple types of healthcare facilities and providers so can serve as a good basis for applying general infection control principles that would also apply to other infection categories. All participating facilities and providers will include *clostridium*

difficile as a target. Participants will be encouraged to select one or more other infection categories as additional targets if feasible. Depending on what infections are being targeted by participating facilities and providers, the ISDH may attempt to include some resources for the other categories. For instance, potential learning sessions might include breakouts for one or more of the other infections.

Q.6: Section 1.4 Summary Scope of Work indicates that the successful vendor will plan, coordinate, and implement two learning sessions for the initiative participants. Is it ISDH expectation that the learning sessions cover all the HAI categories targeted for prevention, or would the vendor be expected to provide two learning sessions for each of the HAI categories?

A.6: The learning sessions will focus on *clostridium difficile* and the general infection control system. The ISDH may attempt to include some resources for the other categories if feasible. For instance, potential learning sessions might include a short breakout period for one or more of the other infections as part of the session. There will not be separate learning sessions for each infection category.

Q.7: Does ISDH currently collect data from providers on the frequency and type of HAIs occurring on a facility basis?

A.7: No.

Q.8: If the ISDH does not routinely collect this data, will the successful bidder be responsible for collecting the data and maintaining it?

A.8: The ISDH anticipates utilizing the CDC National Healthcare Safety Network (NHSN) for data collection. The contractor will likely be requested to provide assistance to facilities and agencies in utilizing the network and facilitate implementation of those data collection efforts.

Q.9: The Pre-RFP informational session noted that the initiative would involve hospitals, nursing homes “and other necessary facilities and organizations”. The types of facilities are not specified in the RFP. Can we assume at a minimum the RFP includes hospitals and nursing homes?

A.9: At a minimum the RFP will include hospitals, nursing homes, and home health agencies. There is a potential that ambulatory surgery centers will be added to the initiative.

Q.10: Can ISDH identify what other facilities and organizations are to be involved under the contract?

A.10: The ISDH has not yet determined what facilities and organizations will be involved. This will be a collaborative initiative. A collaborative team will be organized to include relevant partners. The ISDH organized such a team for its pressure ulcer initiative. The ISDH expects this team to be similar but include partners with specific interest and expertise in healthcare associated infections.

Q.11: The Pre-RFP notice also states that “as part of their responsibilities the vendor will contract with and manage other vendors to implement the initiative...” Working with or contracting with other vendors is not referenced in the RFP. Does this remain an expectation of ISDH?

A.11: Yes.

Q.12: If, yes, what services does ISDH expect the successful vendor to contract for or manage?

A.12: The selected vendor will engage the appropriate subcontractors necessary to carry out the vendor’s responsibilities under the RFP.

Q.13: If the successful bidder will be required to contract with other vendors, will the cost of that come from the contract budget, or does ISDH have other resources available to contract with other vendors?

A.13: The cost of that will come from the vendor’s contract budget.

Q.14: To what extent will ISDH staff be involved in the work under this contract?

A.14: The ISDH will direct the initiative. Key ISDH staff will be participants on the collaborative team and in resource development activities. A few ISDH staff will be participants in learning sessions. The ISDH will work closely with the contractor to coordinate and implement activities. The contractor is expected to coordinate the development and implementation of learning sessions, educational resources, meetings, and activities. The ISDH will have final approval of resources and activities developed through this initiative.

Q.15: Will ISDH be involved in communication with providers targeted for the initiative to recruit participation?

A.15: Yes. This is an ISDH initiative and ISDH will be involved in communications with providers. The contractor will provide communications with participants concerning events, activities, and resources. The contractor will assist the ISDH in preparing initiative updates for a monthly newsletter. The contractor will set up meetings and conduct some meetings and activities.

Q.16: Will ISDH be involved in data collection or maintenance of data collected under this contract?

A.16: Yes. The ISDH will maintain the data collected at the end of the contract.

Q.17: The RFP notes that the “State intends to sign a contract with one or more Respondent(s)”. Does this mean that some of the deliverables could be carved out of the scope or does the state intend to award regional contracts?

A.17: The ISDH’s intent is to sign one contract for the services requested under the RFP.

Q.18: Since scoring is partially contingent upon pricing for all services, how would the scoring be affected in the event that more than one respondent were considered?

A.18: See A.17.

Q.19: One task included in the contract will be “Reviewing and analyzing data to determine initiative outcomes and recommend future actions”. Which methodology has ISDH determined should be used to analyze the data?

A.19: The methodology has not yet been determined. The ISDH anticipates the need to involve partners with expertise in statistical analysis.

Q.20: In evaluating the cost for points, the RFP notes that “for every percent decrease in cost, the Respondent will receive that same percentage of available positive cost points.” But also notes that respondents “who propose a 10% decrease to the State’s current baseline cost will receive all of the available cost points.” With 30 cost points available, does this mean that a cost decrease of 9%, for instance, would result in +2.7 points ($0.09 * 30$ point maximum), +9 points (each percentage point reduction generating 1 point), or +27 points (proportionate points based on 10% generating 30 point maximum)?

A.20: A cost decrease of 9% would result in the Respondent receiving (positive) 27 cost points.

Q.21: Are there a desired number of regional training sessions ISDH would like the winning vendor to provide? If yes, how many would that be?

A.21: The ISDH suggests dividing the state into five regions. In the past the ISDH has tried to keep each session to no more than 25 facilities/agencies with around 125 participants. The ISDH will consider the number of sessions and participants that the bidder offers to provide.

Q.22: Is there an entity currently working with ISDH on HAIs? If yes, which entity?

A.22: No.

Q.23: Will the winning vendor be allowed to pay for any food costs out of their budget for those attending the day long collaborative?

A.23: Yes. The ISDH expects however that food costs will likely be covered by a small registration fee for that purpose. There will not be any other cost assessed participants.

Q.24: Is the ISDH currently engaged in efforts to reduce HAIs? If yes, will information about the ongoing work effort to reduce HAIs be available to share with potential bidders?

A.24: The HAI initiative is a new effort. The ISDH has developed a variety of tools related to infections and has collected MRSA data. The toolkits are available on the ISDH Web site.

Q.25: In Section 3.2 Evaluation Criteria it indicates that the total maximum points = 150, but in the Summary of Evaluation Criteria table the Total points noted are 100 (105 if bonus awarded). Which of these is accurate?

A.25: 105 is the correct amount.

Q.26: Does the ISDH have a facility assessment tool that the winning vendor will utilize or be required to utilize? If no, will the winning vendor be expected to develop one?

A.26: The ISDH assumes that this question means a facility assessment tool that evaluates the facility's capacity and resources for addressing HAI. An assessment tool has not yet been identified. The ISDH expects that the collaborative team will try to identify an available tool or tools and then adapt the tool for the Indiana initiative.

Q.27: Will the winning vendor be expected to develop materials for consumers?

A.27: Yes.

Q.28: Will the HAI initiative website that is to be developed be housed on ISDH/state system, or will the vendor house and maintain the website? If the vendor is required to house and maintain the website, will there be a set period of time that the vendor will be required to continue to host the website after the term of the contract is over?

A.28: The HAI initiative website will be housed on the ISDH website which is part of the State system. The vendor will be responsible for developing materials for the website, but is not responsible for developing or maintaining the website.

Q.29: In requirement 1, can you tell us how many facilities will be targeted and how will these facilities be identified?

A.29: The ISDH would like to include as many facilities and agencies as funding allows. The ISDH expects that a general announcement of the initiative and solicitation for participants will occur. The ISDH generally works closely with provider associations to identify participants.

Q.30: In requirement 2, what is the scope of the educational and training effort? Are materials and curricula already in existence? What is the estimated number of people who will require training?

A.30: There are commercial resources on infection control and specific infections. The ISDH has also developed resources in the past. A part of the state plan and collaborative team review will be to determine what resources are needed by providers and whether they are feasible for providers to obtain. To the extent possible with funding, the ISDH would like to develop additional resources to fill in gaps and allow for continuity of the initiative.

Q.31: In requirement 3, when you refer to a "baseline for staff knowledge" are you asking for a pre-training knowledge assessment?

A.31: Yes.

Q.32: In requirement 4, what kind of “support” and “resources” are you referring to? Do you mean a call center, onsite followup, or other activities?

A.32: The contractor will provide assistance to participants as needed to implement the initiative. In the pressure ulcers initiative, a variety of activities were included to include webcasts, periodic visits by onsite facilitators, and an identified individual to serve as the contact for participants.

Q.33: In requirement 7, can you define what you mean by “quality improvement?”

A.33: The overall goals are to improve the identification of infections and prevent future infections. Quality improvement refers to those goals and the system-based components involved in infection assessment and prevention. The ISDH is therefore looking at data for actual numbers and categories of infections as well as data on components of the infection prevention system.